

DATE RECEIVED: _____

COMPLAINT NO.: _____

KENTUCKY LICENSING BOARD FOR SPECIALISTS IN HEARING INSTRUMENTS Complaint Form

Person Filing Complaint

Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Day Telephone: () _____ Evening Telephone: () _____

Client Information

(if different from person filing complaint)

Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Day Telephone: () _____ Evening Telephone: () _____

Relationship to person filing complaint: _____

Name of Licensed Hearing Instrument Specialist

Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Day Telephone: () _____

Name and phone number of persons who may provide additional information

1. Name _____ Telephone: () _____ Type of Information _____

2. Name _____ Telephone: () _____ Type of Information _____

3. Name _____ Telephone: () _____ Type of Information _____

4. Name _____ Telephone: () _____ Type of Information _____

Brief Summary of Complaint

(Please be as specific as possible regarding names, dates locations, and actions which you believe to be improper, unethical or unprofessional.)

Phone: (502) 564-3296
Fax: (502) 564-4818